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APPLICANTS									
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED APPR									
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ADDRESS Stanley P. Fisher Reed Smith Haze Suite 1400 3110 Fairview Pai Falls Church ,VA	el & Tho	9							
TITLE Method of servo w	writing fo	or magnetic recording	j systen	n, magnetic rec	ording s	ystem	1		
RECEIVED	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:					All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit			